DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

WHAT ARE THE AIMS OF NURSING EDUCATION

BY CAROLYN E. GRAY, R.N.

There are many indications that an increasingly large number of people are becoming interested in the problems of nursing education and because these problems and their satisfactory solution bear a very definite relation to the health problems of every community, it has been suggested that a discussion of the aims of nursing education might bring about a clearer understanding of our difficulties and help in some small measure to secure the coöperation of the medical profession, the nursing profession and the great public which both exist to serve.

To understand the present situation it is helpful to review briefly the history of nursing as we know it from the period previous to that of so-called "modern nursing" which it is generally conceded dates from the reforms introduced by Florence Nightingale. The gradual breaking up of monasticism in the fourteenth and fifteenth centuries and in protestant countries the disestablishment of monasteries at the time of the Reformation led to the decline of the mediæval system of nursing by the monastic and religious orders which had for many centuries made the care of the sick poor a service of love and a religious duty. In various countries the sick were turned over to the care of servants or attendants who, lacking a scientific or religious motive, regarded the work as drudgery, and this spirit plus their incompetence added much to the sufferings of those dependent on them for care. The status of these nurses was very low, and this period was one of stagnation but, black as the record is, it teaches a few lessons that are pertinent to our struggles of to-day.

First: These so-called nurses were recruited from the lowest classes of society and were absolutely devoid of any education or training, and often of altruistic motive.

Second: They not only had no professional status but they were entirely dominated by men.

Their degradation and its close connection with these two facts is lost sight of by those who advocate somewhat similar conditions as the remedy for our present problems. In those days they were not troubled in any way by entrance requirements, high standards, registration laws, or Regents control.

In the early part of the nineteenth century we find several attempts to improve conditions and various groups of women somewhat similar to the early Deaconesses were organized for service. Practically all of these groups were under the controlling influence of the ecclesiastical or military ideals of the monastic or military orders of a previous generation and sincerely believed that moral zeal alone would be enough to reform the situation.

Florence Nightingale was born in 1820, so that this year we celebrate the centennial of her birth. At a comparatively early age she showed her altruistic leanings and became intensely interested in the care of the sick poor. Even the most casual reader of the story of her life is impressed by her persistence in trying to secure hospital experience and her early recognition of the limitations of moral zeal that was not coupled with education and special training. It is unfortunate that the culture and previous education (unusual for a woman at this period), which enabled her to profit by this hospital experience and to build up a highly ethical conception of the value of it, has not been fully appreciated.

That education is fundamental to any successful process of nurse training is a fact Florence Nightingale exemplified in her life and stressed in her writings. The climax of her experience came during the period of a great war when any system introduced in a military hospital needs must be built on a military plan, when the problem was to care for the largest possible number of patients regardless of the probable sacrifice of the nurse. The war emergency called for a high type of self-sacrifice, and added to this it was a period when self-immolation (particularly of women) was counted a virtue. This was reinforced by the traditions of innumerable religious women who had willingly shortened their lives in the service of the poor and the sick.

When Miss Nightingale returned from the Crimea and founded the first training school in connection with St. Thomas Hospital in London in 1860, the aim and purpose of this school was "to provide better care for the sick." A few salient points in connection with her plan will show how far seeing this leader of ours was.

First: The nursing school was endowed and independent of the hospital.

Second: The hospital officials in the various departments who taught the nurses were to be paid for their services.

Third: The course of instruction covered one year of practical work, correlated with systematic instruction in the fundamental sciences; i. e., anatomy, physiology, hygiene, chemistry; and constant bedside supervision of the care of the sick.

It is easy for one who studies the plan of this first school to see that Florence Nightingale fully intended that the one-year period of apprenticeship should be truly educational and it is interesting to note that even at this date she advocated close correlation of the theoretical and practical work plus the clinical method of studying cases. This plan was so successful that it was widely copied and the early history of many American hospitals tells of some official traveling to England to study the Nightingale system and bring it back to this country.

In two of the first three hospitals, Bellevue Hospital, New York; New Haven Hospital, Connecticut; and Massachusetts General Hospital, Boston, Mass., the schools were independent of the hospitals and were established by committees of women who undertook to provide quarters for students and agreed to pay for their theoretical instruction, asking from the hospital only opportunity for practical instruction and training. At first the length of training was one year, but it was not long before it was increased to two years.

In every instance there was opposition from some medical men who were unwilling to accept the idea of educated women helping in the care of the sick. Despite such opposition the schools flourished and hospitals were anxious to have such schools because they provided intelligent and free service. They increased in number and size very rapidly and it would seem that our present conflict of aims had its beginning in the early days when the economic advantages of nursing schools were first dimly appreciated. The conflict of educational ideals and economic ideals has grown with the enormous increase in the number and size of hospitals and the enormous burden of work put upon the schools.

For a time a few schools were able to continue an independent existence, but this was extremely difficult because the hospitals wanted the full control of what was to them a valuable service, and it seemed impossible to secure the money to pay for nursing education as all other education is paid for. The great majority of nursing schools were owned and managed by the hospitals and the transition from regarding the nurses (in schools) as *students* to regarding them as the *working staff* of the hospital, seems to have been very rapid and very easy.

During this period (the last fifty years) and largely due to the improved nursing care that resulted from the organization of nursing schools we find a tremendous increase in the popularity of hospitals. The doctrine that "hospitals were the only proper places for the care of the sick" was preached with much success, so much so that a demand was created for private rooms for the care of those

who could pay even for luxuries. The result was an enormous increase in buildings devoted to the care of private patients, and in all too many instances staffed by pupil nurses. This marks the beginning of an entirely new problem, because in Florence Nightingale's plan only the sick poor were to be cared for by pupil nurses since in her day only the poor ever went to hospitals. It is one thing to tap the altruism of young women by an appeal for service to the sick poor whose need is great. It is an entirely different thing to exact from them laborious service caring for those who can well afford to pay for such service, and who are usually under the impression that they are doing so.

The numerous problems confronting the women charged with the conduct of nursing schools stimulated them (in 1893) to meet and form the American Society of Superintendents of Training Schools (now the National League of Nursing Education), for the purpose of promoting fellowship, maintaining standards and furthering the best interests of the nursing profession. In the very first report published we find a paper advocating that the course of training be lengthened to three years and the hours shortened to eight per day in order to allow the pupils time for classes and study.

In 1897 the report for that year states that sixteen schools had adopted the three-year course of training and a few (three?) had introduced the eight-hour system. From this time on the three-year course of training was rapidly substituted for the two years, but the adoption of the eight-hour system lagged very far behind.[1]

In some instances the lengthening of the course did result in increased educational opportunity for the nurses, but there is much evidence that in other instances it gave the hospital an additional year of free labor and there seems to have been a fairly close connection between this lengthened period of nurse training and the rapid building of pavilions for private patients.

All of this leads to the fact that there are (1920) approximately 48,000 to 50,000 pupil nurses in training schools in this country. With even the most limited knowledge of labor conditions it is not difficult to realize the value of the free labor contributed by these pupils and this makes it easier to understand the differences of opinion between those opposing groups.

On the one hand we have the hospitals with their Boards of Managers, their medical staff and their sick patients. Their problem is to care for the sick and many of them feel the best and only way

[1] Educational Status of Nursing, by M. Adelaide Nutting. The Case for Shorter Hours in Hospital Schools of Nursing—Prepared by the Committee on Education of the National League of Nursing Education.

to do it is to disregard educational ideals, and develop highly skilled workers who will meet their particular needs. Their ideal is a self-sacrificing, submissive worker, none too well educated[1] and quite willing to accept the necessity of relying upon the physician for future opportunities to work. This group wants pupils who will accept training in payment for long hours of hard work, and who will be satisfied to remain dependent upon their medical officers.

On the other hand we have a large portion of the community persistently demanding that the nurse shall be a scientific worker versed in the principles underlying her work and able to apply them intelligently in the care of the sick *wherever the sick may be found.* And this demand for the care of the sick wherever they may be found is coupled with an equally persistent demand that the quality of care given to the sick shall be determined by their physical condition and not by their economic status. Moreover, this demand logically extends backward to seeking the causes of disease and stresses preventive measures.

To meet this demand nurses need, not only training but education, not more self-sacrifice and submission but more opportunity for self-realization and development, not dependence upon another professional group, but ability to stand independently as coworkers of physicians and as community servants and teachers. Shorter hours, a decided increase in time given to instruction and study, and a system that provides for a different relationship between the training school faculty, students and medical men are essentials in any such scheme.

It is perhaps due to the war that many nurses see this conflict much more clearly than they ever did before. In common with all other classes of society, nurses are suffering from the prevailing unrest, and are questioning the value of many things that in years past were accepted as law and gospel. An increasing number who, despite many years spent in preparation, find themselves barely equal to the demands of every day's work, are resolved that future generations of nurses shall have something more nearly representing a "square deal" in the way of education than they have had. They have come to feel that the ideal of service to the community is a bigger thing than the older ideal of purely individual service and they are not prepared to serve any longer simply as "handmaids" to individual physicians or even to groups of physicians in hospitals. Their service is primarily to the sick patient and to the community, and their duties

[1] See Report of the Hospital Conference Committee on "The Creation of a System of Trained Attendants, together with the Action of the Hospital Conference Thereon."

and training must be determined by these factors and not by the natural enough desire of certain institutions and individuals for submissive workers.

At the present time many hospitals are suffering from a shortage of pupil nurses, and if one had any doubts of the economic value of the pupil they would be dispelled by the great concern over "how to get the work done." Side by side with the hospitals that are trying to manage with reduced classes are others that have all their classes filled, and almost invariably one finds that these hospitals are sensing the wider aims and are giving their pupils opportunities that are truly educational. The problem of caring for the patients is being solved without the evident stress and strain that exists where the staff is quite too small to do the necessary work even without any attempt being made to pay them for their work in terms of education.

With this picture in mind an impartial observer is justified in asking, "What are the aims of Nursing Education?"

Granted that the claims of the hospital are urgent, that the sick must be cared for, are hospitals justified in conducting schools of nursing that offer *education* in return for three years of service and then deliberately aim to produce a skilled worker conversant with all the details of work in that particular institution and capable of rendering efficient bedside care *only?"*

Or are the claims of the community to be considered? These claims are loud and persistent and call for women of education, with a broad social background, of democratic ideals and ability to translate these ideals in terms of service, with a knowledge of the underlying principles not only of nursing care, but of the maintenance of health and the prevention of disease; with organizing and executive ability, and for many positions with the personality essential to leadership.

In a democracy, it would seem that this question can only be answered in favor of the claims of the community. It does not seem reasonable to expect that an apprenticeship system which turns out a highly specialized and dependent worker, can attract approximately 15,000 American young women annually. Despite all the glamor of hospital life, this seems unlikely. And even though the acceptance of the second ideal calls for many changes and many difficult adjustments, any one who has caught even a glimpse of what nursing schools might become, from the standard of education, and the highest ethical ideals of community life, can only hope and work to bring about the day when all will accept these higher aims.